

FILED

JUN 27 2016

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

TERESA L. DEPPNER, CLERK
U.S. District Court
Southern District of West Virginia

Jose Santos De La Cruz - Garcia

68465-280

(Enter above the full name of the plaintiff
or plaintiffs in this action).

(Inmate Reg. # of each Plaintiff)

VERSUS

CIVIL ACTION NO. 1:16-5733
(Number to be assigned by Court)

CDR Kelly LUCAS - Health Services Administrator

Dr. Howard Sathre, MD - Clinical Director

(Enter above the full name of the defendant
or defendants in this action)

COMPLAINT

I. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes _____

No ☒ _____

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district; if state court, name the county);

3. Docket Number: _____

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: FCI McDowell

A. Is there a prisoner grievance procedure in this institution?

Yes ☒

No ☐

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes ☐

No ☒

C. If you answer is YES:

1. What steps did you take? _____

2. What was the result? _____

D. If your answer is NO, explain why not: had asked for Admin.

Remedy Forms - Never received.

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Jose Santos De La Cruz-Garcia

Address: FCI McDowell, P.O. Box 1009, Welch, WV 24801

B. Additional Plaintiff(s) and Address(es): N/A

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: Kelly Lucas
is employed as: Health Services Administrator
at FCI McDowell

D. Additional defendants: Dr. Howard Sathre M.D.
Clinical Director

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Defendants have failed to provide proscribed and
recommended therapy. See: Attachment A Attached
hereto in Support (Treatment Plan). Plaintiff's
Condition has worsened due to the Failure.

IV. Statement of Claim (continued):

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

Plaintiff seeks Monetary damages in the
amount of 30,000 Dollars. Plaintiff also seeks
Punitive damages.

V. Relief (continued)):

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

Pro Se

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes _____

No ☒

If so, state the name(s) and address(es) of each lawyer contacted:

If not, state your reasons: lack of resources at this

time due to incarceration.

- C. Have you previously had a lawyer representing you in a civil action in this court?

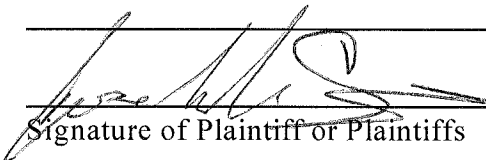
Yes _____

No ☒

If so, state the lawyer's name and address:

Signed this _____ day of _____, 20____.

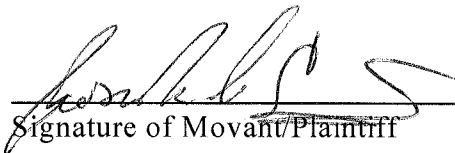
JOSE SANTOS DELACRUZ GARCIA #68465280



Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 6-22-16
(Date)



Signature of Movant/Plaintiff

N/A

Signature of Attorney
(if any)

**FCI CUMBERLAND**

200 Orthopedic Way • Morgantown, WV • 26505-2489 • (304) 599-0720

NAME: CUMB 68465280 *De La Cruz - Garcia, Jose*

Date: 07/08/2015

PATIENT NUMBER: 10014778

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HISTORY OF PRESENT ILLNESS: He returns for evaluation of his right thumb metacarpal fracture. He is continuing to have significant pain. He has tried wearing a splint, but this was painful for him, so he was not able to do this for a few weeks, and he has also been taking Tylenol for pain with minimal relief of symptoms.

PHYSICAL EXAMINATION: Examination today reveals tenderness over the CMC joint with palpation. He has mild limitation with thumb range of motion and mild swelling of the CMC joint.

X-RAY EXAMINATION: X-rays of the right thumb reveal consolidation and healing of the first metacarpal fracture.

TREATMENT PLAN: I have recommended a prescription for physical therapy for massage, desensitization and range of motion exercises to improve his thumb function.

He is very unhappy and would like to have an opinion from a hand specialist, because he feels there is something wrong and it needs to be fixed surgically. I, once again, explained that this fracture will be very difficult to fix surgically and is healing adequately without surgery. He is adamant that he needs to see a hand specialist, and this recommendation is provided. He will return as needed.

A handwritten signature in cursive script, appearing to read "Chris Vasilakis".

Chris Vasilakis, MD

MA/th/33443891

cc: FCI Cumberland

Attach: A
*7/15/15
XC, CR, P*